

UNITED STATES DISTRICT COURT

for the

Southern District of New York

JUDGE BUCHWALD

NANCY F., individually and on behalf of
MERYL F.,

Plaintiff

v.

OXFORD HEALTH PLANS, and
UNITED BEHAVIORAL HEALTH,

Defendant

Civil Action No.

12 CV 5567

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Oxford Health Plans
48 Monroe Turnpike, Trumbull, CT 06611
Fairfield County

United Behavioral Health
425 Market Street, 14th Floor, San Francisco, CA 94105
County of San Francisco

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Scott M. Riemer
Riemer & Associates, LLC
60 East 42nd Street, Suite 1750
New York, NY 10165
212-297-0700

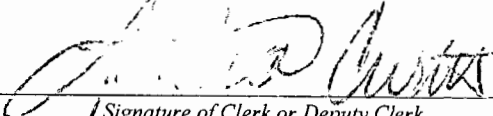
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JUL 19 2012

Date: _____

RUBY J. KRAJICK

CLERK OF COURT



(Signature of Clerk or Deputy Clerk)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES SOUTHERN DISTRICT OF NEW
YORK



2045398

AFFIDAVIT OF SERVICE

Index no : 12 CV 5567
Office No:

Plaintiff: **NANCY F INDIVIDUALLY AND ON BEHALF OF MERYL F**
Defendant: **OXFORD HEALTH PLANS ETANO**

STATE OF NEW YORK COUNTY OF NEW YORK ss.:

ANDRE MEISEL, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action. I reside in the state of New York.

On **08/08/2012 at 12:47 PM**, I served the within **SUMMONS AND COMPLAINT; CIVIL COVER SHEET; JUDGES RULES** on **CORPORATION TRUST SYSTEM ON BEHALF OF UNITED BEHAVIORAL HEALTH** at **111 8TH AVENUE , NEW YORK, NY 10011** in the manner indicated below:

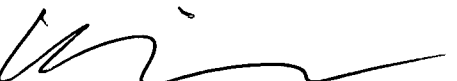
By delivering and leaving a true copy or copies of the aforementioned documents with said **AIXA FLORES, MANAGING AGENT FOR CORPORATION TRUST** a person of suitable age and discretion.

A description of the **Defendant**, or other person served on behalf of the **Defendant** is as follows:

Sex	Color of skin/race	Color of hair	Age	Height	Weight
Female	Brown	Brown	50	5'6"	150
Other Features: <u>glasses</u>					

Sworn to and subscribed before me on
08/10/2012

HARVEY TAUBER
Notary Public, State of New York
No. 01TA466912
Qualified in **BRONX**
Commission Expires 12/31/2014

X 
ANDRE MEISEL
License#: 1372356
AAA Attorney Service Co. of NY, Inc.
20 Vesey Street, Room 1110
New York, NY 10007
(212) 233-3508 Clerk: ASHWINEE

